

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

**PRODUCER**

Meeker Sharkey & MacBean  
21 Commerce Drive  
Cranford, NJ 07016

908-272-8100

**INSURED**

Soc. Hill & University Hts. III  
c/o Eastern Community Mgmt  
225 Highway 35  
Red Bank  
NJ 07701

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**COMPANY  
LETTER **A**

St. Paul Fire &amp; Marine

COMPANY  
LETTER **B**COMPANY  
LETTER **C**COMPANY  
LETTER **D**COMPANY  
LETTER **E****COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD  
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS  
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,  
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO<br>LTR | TYPE OF INSURANCE  | POLICY NUMBER                            | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                       |
|-----------|--|--|-------------------------------------|--------------------------------------|--|
|           | <b>GENERAL LIABILITY</b>   |  |                                     |                                      | <b>GENERAL AGGREGATE</b> \$ 2000000          |
| A         | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>                      | 629NE6543                                | 1/01/93                             | 1/01/94                              | <b>PRODUCTS-COMP/OP AGG.</b> \$ 1000000      |
|           | <input type="checkbox"/> <b>CLAIMS MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b> |  |                                     |                                      | <b>PERSONAL &amp; ADV. INJURY</b> \$ 1000000 |
|           | <input type="checkbox"/> <b>OWNER'S &amp; CONTRACTOR'S PROT.</b>                             |  |                                     |                                      | <b>EACH OCCURRENCE</b> \$ 1000000            |
|           |  |  |                                     |                                      | <b>FIRE DAMAGE (Any one fire)</b> \$ 50000   |
|           |  |  |                                     |                                      | <b>MED. EXPENSE (Any one person)</b> \$ 5000 |
|           | <b>AUTOMOBILE LIABILITY</b>  |  |                                     |                                      | <b>COMBINED SINGLE<br/>LIMIT</b> \$          |
|           | <input type="checkbox"/> <b>ANY AUTO</b>   |  |                                     |                                      | <b>BODILY INJURY<br/>(Per person)</b> \$     |
|           | <input type="checkbox"/> <b>ALL OWNED AUTOS</b>  |  |                                     |                                      | <b>BODILY INJURY<br/>(Per accident)</b> \$   |
|           | <input type="checkbox"/> <b>SCHEDULED AUTOS</b>  |  |                                     |                                      | <b>PROPERTY DAMAGE</b> \$                    |
|           | <input type="checkbox"/> <b>HIRED AUTOS</b>  |  |                                     |                                      |  |
|           | <input type="checkbox"/> <b>NON-OWNED AUTOS</b>  |  |                                     |                                      |  |
|           | <input type="checkbox"/> <b>GARAGE LIABILITY</b>   |  |                                     |                                      |  |
|           | <b>EXCESS LIABILITY</b>  |  |                                     |                                      | <b>EACH OCCURRENCE</b> \$                    |
|           | <input type="checkbox"/> <b>UMBRELLA FORM</b>  |  |                                     |                                      | <b>AGGREGATE</b> \$                          |
|           | <input type="checkbox"/> <b>OTHER THAN UMBRELLA FORM</b>                                     |  |                                     |                                      |  |
|           | <b>WORKER'S COMPENSATION<br/>AND<br/>EMPLOYERS' LIABILITY</b>                                |  |                                     |                                      | <b>STATUTORY LIMITS</b>                      |
|           |  |  |                                     |                                      | <b>EACH ACCIDENT</b> \$                      |
|           |  |  |                                     |                                      | <b>DISEASE-POLICY LIMIT</b> \$               |
|           |  |  |                                     |                                      | <b>DISEASE-EACH EMPLOYEE</b> \$              |
| A         | <b>OTHER</b>   | Blanket Building 629NE6543<br>& Contents | 1/01/93                             | 1/01/94                              | \$11,034,430.                                |

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**

OWNER: ADA M. FRAZIER, UNMARRIED Fidelity Limit: \$100,000.  
LOC: 46 CORNERSTONE LANE, NEWARK, NJ 07103 (21I) LOT: 21.09 BLOCK: 406

**CERTIFICATE HOLDER**

K. HOVNIANIAN MORTGAGE, INC.,  
THEIR SUCCESSORS AND/OR ASSIGNS  
AS THEIR INTEREST MAY APPEAR  
ONE INDUSTRIAL WAY WEST, BLDG. D  
EATONTOWN, NJ 07724

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO  
MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE  
LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

010036000